

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39000

State File No. 9640  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>9640</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				16 STREET ADDRESS (If rural, give location) <b>4049 Hartford St Road</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>Richard</b>		c. (Last) <b>Schaefer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-12-1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>6-22-1887</b>		9. AGE (In years last birthday) <b>63</b> If under 1 year: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>B. and B. Corporation</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Schaefer</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Kaltwasser</b>		14. NAME OF HUSBAND OR WIFE <b>Lydia Schaefer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-01-9064</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lydia Schaefer 4049 Hartford St</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Liver &amp; gall bladder</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Jaundice - Ca Mesenteric secondary</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>157. A</b>			
22. I hereby certify that I attended the deceased from <b>Oct 9, 1950</b> , to <b>Nov 12, 1950</b> , that I last saw the deceased alive on <b>11-11-1950</b> , and that death occurred at <b>12:55 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>A. J. Plag M.D.</b>		23b. ADDRESS <b>7150 Morganford Rd</b>		23c. DATE SIGNED <b>11-13-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-15-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>10180 Gravois Road Mo</b>	
DATE REC'D BY LOCAL REG. <b>NOV 14 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Frazier</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenfuss Bros</b>		ADDRESS <b>6409 Gravois Ave</b>	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Plag 3150 Morganford Rd.  
IA 6345  
2-3  
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Student Embalmer No. ....

Signed .....  
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.